

## **Student Change of Details**

] I am a student at Melbou	rne Institute of Higher Eo		advise a ch	lange of.		
Name (please provide pro	oof of change of name)	Home Address	Co	ontact De	tails	
Employer/Workplace		Other:				
Student Name (as on curr	ent records):		Date of	f Birth:	/	/
Current Course:						
Please provide new inform	mation below					
Please provide new inform Surname:	mation below					
-	mation below	Middle Name,	/s:			
Surname:		Middle Name,	/s:			
Surname: First name:			/s:			
Surname: First name: Home Address:			/s:			

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